



**Regulatory and Economic Resources**  
Herbert S. Saffir Permitting and Inspection Center  
11805 SW 26th Street  
Miami, Florida 33175-2474  
786-315-2100

miamidade.gov/development

### REQUESTED REVIEWS

- |  |  |  |  |                               |                               |
|--|--|--|--|-------------------------------|-------------------------------|
| <input type="checkbox"/> ALL   | <input type="checkbox"/> BLDG            | <input type="checkbox"/> DERM            | <input checked="" type="checkbox"/> ELEC | <input type="checkbox"/> ENRG | <input type="checkbox"/> FIRE |
| <input type="checkbox"/> HCAP  | <input type="checkbox"/> LANDSCAPING     | <input type="checkbox"/> MECH            | <input type="checkbox"/> PLUM            | <input type="checkbox"/> PWKS | <input type="checkbox"/> PWCC |
| <input type="checkbox"/> ROOF  | <input checked="" type="checkbox"/> SIGN | <input checked="" type="checkbox"/> STRU | <input type="checkbox"/> ZNPR            | <input type="checkbox"/> WASD |                               |
| <input type="checkbox"/> PERMIT BY AFFIDAVIT CHECK <input type="checkbox"/> SHORT TERM EVENT AFFIDAVIT CHECK <input type="checkbox"/> OPTIONAL PLAN REVIEW |  |  |  |                               |                               |
| <input type="checkbox"/> BLDG <input type="checkbox"/> ELEC <input type="checkbox"/> MECH <input type="checkbox"/> PLUM <input type="checkbox"/> STRU      |  |  |  |                               |                               |

Dear Applicant:

Please complete the following information for notification on the status of your plans.

Applicant's First Name: (PRINT CLEARLY) Edis Last Name: (PRINT CLEARLY) Toledo

Cellular Number: 305 796 1956 Office/Home Number: \_\_\_\_\_

EMAIL Address: info@economysignco.com

Comments:

**NOTE: IF AN EMAIL ADDRESS WAS PROVIDED YOU WILL BE NOTIFIED VIA EMAIL AND/OR AUTOMATIC TELEPHONE CALL CONCERNING THE STATUS OF YOUR PLANS**

### -FOR OFFICE USE ONLY-

716780

**TO BE COMPLETED BY BUILDING AND OCCUPANCY REPRESENTATIVE OR PLANS PROCESSING SPECIALIST:**

Application Date: 3/20/13 Clerk Name: [Signature] Arrival Time: 1:58

Process No(s): \_\_\_\_\_ / C2013054638 / \_\_\_\_\_

- |                                      |  |  |                                       |
|--------------------------------------|--|--|---------------------------------------|
| <input type="checkbox"/> Walk-Thru   | <input type="checkbox"/> Drop-Off              | <input checked="" type="checkbox"/> Rework | <input type="checkbox"/> Re-Issue     |
| <input type="checkbox"/> Residential | <input checked="" type="checkbox"/> Commercial | <input type="checkbox"/> Plan Revision     | <input type="checkbox"/> Shop Drawing |

**TO BE COMPLETED BY BUILDING AND OCCUPANCY REPRESENTATIVE OR PLANS PROCESSING SPECIALIST:**

Miami Dade County Department of Regulatory And Economic Resources - Job Copy

BLDG	<input type="checkbox"/> A	<input type="checkbox"/> D	<input type="checkbox"/> N
DERM	<input type="checkbox"/> A	<input type="checkbox"/> D	<input type="checkbox"/> N
ELEC	<input type="checkbox"/> A	<input type="checkbox"/> D	<input type="checkbox"/> N
ENRG	<input type="checkbox"/> A	<input type="checkbox"/> D	<input type="checkbox"/> N
FIRE	<input type="checkbox"/> A	<input type="checkbox"/> D	<input type="checkbox"/> N
HCAP	<input type="checkbox"/> A	<input type="checkbox"/> D	<input type="checkbox"/> N
LAND	<input type="checkbox"/> A	<input type="checkbox"/> D	<input type="checkbox"/> N
MECH	<input type="checkbox"/> A	<input type="checkbox"/> D	<input type="checkbox"/> N
PLUM	<input type="checkbox"/> A	<input type="checkbox"/> D	<input type="checkbox"/> N
WASD	<input type="checkbox"/> A	<input type="checkbox"/> D	<input type="checkbox"/> N
ROOF	<input type="checkbox"/> A	<input type="checkbox"/> D	<input type="checkbox"/> N
SIGN	<input type="checkbox"/> A	<input type="checkbox"/> D	<input type="checkbox"/> N
STRU	<input type="checkbox"/> A	<input type="checkbox"/> D	<input type="checkbox"/> N
ZNPR	<input type="checkbox"/> A	<input type="checkbox"/> D	<input type="checkbox"/> N
HRS	<input type="checkbox"/> A	<input type="checkbox"/> D	<input type="checkbox"/> N

Customer Notified By: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time: \_\_\_\_:\_\_\_\_